

# FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS

FOR COMMISSION USE ONLY  
FILE NO. -20100707EQH

## Section I - General Information

1.	Legal Name of the Respondent VAUGHAN MEDIA LLC		
	Street Address (1) 1850 BURNING TREE DRIVE		
	Street Address (2)		
	City DECATUR	State or Country (if Foreign address) IL	ZIP Code 62521
	Telephone Number (include area code) (217) 521-3702	E-Mail Address (if available)	
	FCC Registration Number 0018986562	Call Sign KNVA	Facility ID Number 144
2.	Contact Representative CLIFFORD M. HARRINGTON, ESQ.		
	Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP		
	Street Address (1) 2300 N STREET, NW		
	Street Address (2)		
	City WASHINGTON	State or Country (if Foreign address) DC	ZIP Code 20037
	Telephone Number (include area code) (202) 663-8000	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM	
3.	Nature of Respondent (See Instructions for Definitions) <input type="radio"/> Licensee <input type="radio"/> Permittee <input checked="" type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Fee-exempt Report <input type="radio"/> Other <input type="radio"/> N/A (Fee Required)		
5.	All the information furnished in this Report is accurate as of 11/01/2009. (Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-Biennial Ownership Report).		
6.	Purpose this Report is Filed for: (choose one) a. <input checked="" type="radio"/> Biennial b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report) c. <input type="radio"/> Transfer of Control or Assignment of License/Permit d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station. e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license). f. <input type="radio"/> Amendment to a previously filed Ownership Report File Number: - If an Amendment submit as an Exhibit a listing by Section and Question Number the portions of the [Exhibit 1] previous Report that are being revised.		

7.	License and Station Information. The stations listed below are all licensed to the following person or entity:				
	Licensee Name:			Licensee's FCC Registration Number (FRN)	
	54 BROADCASTING, INC.			0006564959	
<b>Station List</b>					
This Report is filed for the following stations:					
	Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service
	1.	KNVA	144	AUSTIN, TEXAS	Television
8.	Respondent is:				
	<input type="radio"/> Sole Proprietorship <input type="radio"/> Not-for-profit corporation <input type="radio"/> Limited partnership				
	<input type="radio"/> For-profit corporation <input type="radio"/> General partnership <input checked="" type="radio"/> Other				
[Exhibit 2]  If "Other," describe nature of the Respondent in an Exhibit.					

## Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

☐ Not Applicable

### Contract Information

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	CERTIFICATE OF FORMATION, AS AMENDED	STATE OF ILLINOIS	Month NOVEMBER Year 2007	Month  Year  <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	OPERATING AGREEMENT	SOLE MEMBERS	Month NOVEMBER Year 2007	Month  Year  <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

☒ Not Applicable

[Enter Capitalization Information]

- 3.(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

### Ownership Interest Information

Copy 1.	Name	VAUGHAN MEDIA LLC
	Address	Street 1850 BURNING TREE DRIVE City/State DECATUR, ILLINOIS Postal/ZIP Code 62521 Country (if not U.S.)

Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
Positional Interest (check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT
FCC Registration Number	0018986562
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races Citizenship
Percentage of Votes	0%
Percentage of Equity	0%
Percentage of Total Assets (equity plus debt)	0%

Copy 2.	Name	THOMAS J. VAUGHAN
	Address	Street 1850 BURNING TREE DRIVE City/State DECATUR, ILLINOIS Postal/ZIP Code 62521 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest

Positional Interest (check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	9990015506
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races Citizenship US
Percentage of Votes	100%
Percentage of Equity	100%
Percentage of Total Assets (equity plus debt)	100%

- (b) Respondent certifies that any equity and financial interests not reported in response to Question 3 ☒ Yes   ☐ No  
 (a) are non-attributable. [Exhibit 3]

If "No", submit as an Exhibit an explanation.

- (c) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market as defined in 47 C.F.R. Section 73.3555? ☐ Yes   ☒ No

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special 'XML Spreadsheet' format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please [Click Here](#).

[Broadcast Information]

[Newspaper Information]





WILLFUL, FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503)

## Exhibits

---

### Exhibit 2

**Description:** NATURE OF RESPONDENT

RESPONDENT IS A LIMITED LIABILITY COMPANY.



## **Federal Communications Commission**

**FCC MB - CDBS Electronic Filing**  
**Account number: 385912**

**Description: KNVA - VAUGHAN**  
**Application Reference Number: 20100707EQH**  
**Successfully filed at Jul 7 2010 4:41PM**

**Based on the information supplied, no fee is required.**

[Menu](#)

[Logout](#)

Federal Communications Commission  
Washington, D.C. 20554Approved by OMB  
3060-0010 (October 2009)

FOR FCC USE ONLY

# FCC 323

## OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS

FOR COMMISSION USE ONLY  
FILE NO. BOA-20100707EQH

## Section I - General Information

1. Legal Name of the Respondent VAUGHAN MEDIA LLC		
Street Address (1) 1850 BURNING TREE DRIVE		
Street Address (2)		
City DECATUR	State or Country (if foreign address) IL	ZIP Code 62521 -
Telephone Number (include area code) 2175213702	E-Mail Address (if available)	
FCC Registration Number: 0018986562	Call Sign KNVA	Facility ID Number 144
2. Contact Representative CLIFFORD M. HARRINGTON, ESQ.		
Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP		
Street Address (1) 2300 N STREET, NW		
Street Address (2)		
City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20037 - 1122
Telephone Number (include area code) 2026638000	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM	
3. Nature of Respondent (See Instructions for definitions) <input type="radio"/> Licensee <input type="radio"/> Permittee <input checked="" type="radio"/> Entity with an attributable interest		
4. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Other Other <input type="radio"/> N/A (Fee Required)		
5. All of the information furnished in this Report is accurate as of 11/01/2009 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>		
6. Purpose: This Report is filed for: (choose one)		
a. <input checked="" type="radio"/> Biennial		
b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
c. <input type="radio"/> Transfer of Control or Assignment of License/Permit		
d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.		



e. ☐ Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. ☐ Amendment to a previously filed Ownership Report

File Number: -

If an Amendment, **submit as an Exhibit** a listing by Section and Question Number the portions of the previous Report that are being revised.

[ Exhibit 1 ]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
54 BROADCASTING, INC.	0006564959

### Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KNVA	144	AUSTIN , TEXAS	Television

8. Respondent is:

☐ Sole Proprietorship

☐ Not-for-profit corporation

☐ Limited partnership

☐ For-profit corporation

☐ General partnership

☒ Other

If "Other," describe nature of the Respondent in an Exhibit.

[ Exhibit 2 ]

## Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

☐ Not Applicable

Enter Contract Information

### Contract Information

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	CERTIFICATE OF FORMATION, AS AMENDED	STATE OF ILLINOIS	Month NOVEMBER Year 2007	Month  Year  <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2.	OPERATING AGREEMENT	SOLE MEMBERS	Month NOVEMBER Year 2007	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
----	---------------------	--------------	-----------------------------------	--	--

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

☒ Not Applicable

Enter Capitalization Information

[Enter Capitalization Information]

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Enter Ownership Interests Information

### Ownership Interests Information

Copy 1.	Name	VAUGHAN MEDIA LLC
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR , ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest



Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT	
FCC Registration Number	0018986562	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u>	
Percentage of votes	0.0 %	
Percentage of equity	0.0 %	
Percentage of total assets (equity debt plus)	0.0 %	
Copy 2.	Name	THOMAS J. VAUGHAN
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR , ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder

Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	9990015506
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US
Percentage of votes	100.0 %
Percentage of equity	100.0 %
Percentage of total assets (equity debt plus)	100.0 %
<div>Save Last and Add Copy</div> <div>Delete Selected</div>	

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.

☒ Yes ☐ No

Exhibit 3

[ Exhibit 3 ]

If "No," submit as an Exhibit an explanation.



(c.)	<p>Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?</p> <p>If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please <a href="#">Click Here</a>.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Broadcast Interests Subform</div> <p>[Broadcast Interests Subform]</p> <p>[Newspaper Interests Subform]</p>	<input type="radio"/> Yes <input type="radio"/> No
(d.)	<p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the relationship.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Enter Familial Relationships Information</div> <p>[Enter Familial Relationships Information]</p>	<input type="radio"/> Yes <input type="radio"/> No
(e.)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Enter Attribution Exemption Information</div> <p>[Enter Attribution Exemption Information]</p>	<input type="radio"/> Yes <input type="radio"/> No
4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p><b>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Enter Respondent Interests Held Information</div>	<input type="checkbox"/> N/A



**Respondent's Interests**

Copy 1.

Name

54 BROADCASTING, INC.

FCC Registration Number

0006564959

5.

Organizational Chart. **LICENSEES ONLY:** Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.

☒ N/A

Exhibit 5

[ Exhibit 5 ]

Non-Licensee Respondents should select "N/A" in response to this question.

**SECTION III - CERTIFICATION**

I certify that I am SOLE MEMBER

(Official Title)

of VAUGHAN MEDIA LLC

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature

THOMAS J. VAUGHAN

Date

07/07/2010

Telephone Number of Respondent (Include area code) 2175213702

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

**Exhibits****Exhibit 2****Description:** NATURE OF RESPONDENT

RESPONDENT IS A LIMITED LIABILITY COMPANY.



Federal Communications Commission  
Washington, D.C. 20554Approved by OMB  
3060-0010 (October 2009)

FOR FCC USE ONLY

# FCC 323

## OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS

**FOR COMMISSION USE ONLY**  
**FILE NO. BOA-20100707EGP**
**Section I - General Information**

1. Legal Name of the Respondent 54 BROADCASTING, INC.			
Street Address (1) 901 W. MARTIN LUTHER KING BOULEVARD			
Street Address (2)			
City AUSTIN	State or Country (if foreign address) TX	ZIP Code 78701 -	
Telephone Number (include area code) 5124785400	E-Mail Address (if available)		
FCC Registration Number: 0006564959	Call Sign KNVA	Facility ID Number 144	
2. Contact Representative CLIFFORD M. HARRINGTON, ESQ.			
Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP			
Street Address (1) 2300 N STREET, NW			
Street Address (2)			
City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20037 - 1122	
Telephone Number (include area code) 2026638000	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM		
3. Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest			
4. If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input checked="" type="radio"/> N/A (Fee Required)			
5. All of the information furnished in this Report is accurate as of 11/01/2009 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>			
6. Purpose: This Report is filed for: (choose one)			
a. <input checked="" type="radio"/> Biennial			
b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)			
c. <input type="radio"/> Transfer of Control or Assignment of License/Permit			
d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.			



e. ☐ Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. ☐ Amendment to a previously filed Ownership Report

File Number: -

If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.

[ Exhibit 1 ]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
54 BROADCASTING, INC.	0006564959

### Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KNVA	144	AUSTIN , TEXAS	Television

8. Respondent is:

☐ Sole Proprietorship

☐ Not-for-profit corporation

☐ Limited partnership

☐ For-profit corporation

☐ General partnership

☐ Other

If "Other," describe nature of the Respondent in an Exhibit.

[ Exhibit 2 ]

## Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

☐ Not Applicable

Enter Contract Information

### Contract Information

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	CERTIFICATE OF INCORPORATION	STATE OF TEXAS	Month AUGUST Year 1990	Month  Year  <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2.	BYLAWS	54 BROADCASTING, INC.	Month AUGUST Year 1990	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
3.	LOCAL MARKETING AGREEMENT	LTC HOLDINGS, INC. AND 54 BROADCASTING, INC.	Month JUNE Year 1994	Month JUNE Year 2004 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
4.	FIRST AMENDMENT TO LOCAL MARKETING AGREEMENT	LIN TELEVISION OF TEXAS, L.P. AND 54 BROADCASTING, INC.	Month JULY Year 1997	Month JUNE Year 2004 <input checked="" type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
5.	SECOND AMENDMENT TO LOCAL MARKETING AGREEMENT	LIN TELEVISION OF TEXAS, L.P. AND 54 BROADCASTING, INC.	Month MARCH Year 2002	Month JUNE Year 2004 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
6.	THRID AMENDMENT TO LOCAL MARKETING AGREEMENT	LIN TELEVISION OF TEXAS, L.P. AND 54 BROADCASTING, INC.	Month MARCH Year 2009	Month APRIL Year 2017 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

☐ Not Applicable

Enter Capitalization Information



### Capitalization Information

Copy	Class of stock (preferred, common or other)	Voting or Non-voting	Number of shares				
			Authorized	Issued and Outstanding	Treasury	Unissued	
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non- Voting	250000	71197	0	178803	

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Enter Ownership Interests Information

### Ownership Interests Information

Copy 1.	Name	54 BROADCASTING, INC.	
	Address	Street 901 W. MARTIN LUTHER KING BOULEVARD  City/State AUSTIN , TEXAS Postal/ZIP Code 78701 - Country (if not U.S.)	
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	

Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT	
FCC Registration Number	0006564959	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <hr/> <u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female <hr/> <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <hr/> <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <hr/> <u>Citizenship</u>	
Percentage of votes	0.0 %	
Percentage of equity	0.0 %	
Percentage of total assets (equity debt plus)	0.0 %	
Copy 2.	Name	T. J. VAUGHAN
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR , ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder

Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
FCC Registration Number	9990015506	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US	
Percentage of votes	0.0 %	
Percentage of equity	0.0 %	
Percentage of total assets (equity debt plus)	0.0 %	
Copy 3.	Name	VAUGHAN MEDIA LLC
	Address	Street 1850 BURNING TREE DRIVE  City/State DECATUR , ILLINOIS Postal/ZIP Code 62521 - Country (if not U.S.)



Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0018986562
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u>
Percentage of votes	95.5 %
Percentage of equity	95.5 %
Percentage of total assets (equity debt plus)	95.5 %
<div>Save Last and Add Copy</div> <div>Delete Selected</div>	

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.

☒ Yes ☐ No

Exhibit 3

[ Exhibit 3 ]

If "No," submit as an Exhibit an explanation.

(c.)	<p>Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?</p> <p>If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please <a href="#">Click Here</a>.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Broadcast Interests Subform</div> <p>[Broadcast Interests Subform]</p> <p>[Newspaper Interests Subform]</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
(d.)	<p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the relationship.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Enter Familial Relationships Information</div> <p>[Enter Familial Relationships Information]</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
(e.)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Enter Attribution Exemption Information</div> <p>[Enter Attribution Exemption Information]</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p><b>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Enter Respondent Interests Held Information</div> <p>[Enter Respondent Interests Held Information]</p>	<input checked="" type="checkbox"/> N/A



5.	<p>Organizational Chart. <b>LICENSEES ONLY:</b> Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<input type="checkbox"/> N/A <div style="border: 1px solid black; padding: 2px; text-align: center;">Exhibit 5</div> <div style="text-align: center;">[ Exhibit 5 ]</div>
----	--	--

### SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of 54 BROADCASTING, INC.

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature THOMAS J. VAUGHAN	Date 07/07/2010
Telephone Number of Respondent (Include area code) 5124785400	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

### Exhibits

#### Exhibit 3

**Description:** EXHIBIT 3

AS DISCLOSED IN SECTION II-B, QUESTION 1, THE LICENSEE IS A PARTY TO A LOCAL MARKETING AGREEMENT ("LMA") WITH LIN TELEVISION OF TEXAS, L.P. ("LIN TEXAS") PURSUANT TO WHICH LIN TEXAS PROVIDES MORE THAN 15 PERCENT OF THE PROGRAMMING OF STATION KNVA(TV). LIN TEXAS ALSO HOLDS LESS THAN A 5 PERCENT VOTING INTEREST IN 54 BROADCASTING, THE LICENSEE OF KNVA. THE LMA, WAS ENTERED INTO PRIOR TO NOVEMBER 5, 1996, AND THEREFORE IS "GRANDFATHERED" UNDER THE COMMISSION'S CURRENT RULES AND POLICIES. FOR THESE REASONS, INFORMATION AS TO LIN TEXAS IS NOT SUBMITTED AS PART OF THIS REPORT. IN AN ABUNDANCE OF CAUTION, IT IS NOTED THAT LIN TEXAS IS A CONTROLLED AFFILIATE OF LIN TELEVISION CORPORATION, WHICH IS IN THE PROCESS OF SUBMITTING ITS OWN BIENNIAL OWNERSHIP REPORTS, AND INFORMATION AS TO THE OWNERSHIP OF LIN TEXAS MAY BE FOUND IN THOSE REPORTS.

**Attachment 5**

Description
<a href="#">Organizational Chart</a>

## 54 Broadcasting, Inc. Organizational Chart

